

S. No. 2
M-5-43
v. 5-17-39
P I X36671

FILED JUN 10 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2384

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3815 Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 20 Years
years, months or days

3. (a) PRINT FULL NAME Clarence Alfred Kramer

3. (b) If veteran, name war no 3. (c) Social Security No. # unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Alice Rose Kramer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 28, 1906
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>08</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Mankato Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Mail Clerk

11. Industry or business _____

12. Name Charles M. Kramer

13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Daisy Metz

15. Birthplace Unknown Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Bliphant

(b) Address 3815 Terrace

17. (a) Cremation (b) Date thereof May 28, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Quincy O. Tabin Co.

(b) Address 20 W. Linwood

19. (a) 5-29-46 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3115 Broadway
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Reputy coroner
Gunshot injury of
head.

Other conditions 164c
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy history of inspection

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 5/26/46

(c) Where did injury occur? Kansas City Mo
(City or town) (County) (State)

(d) Did injury occur (in or about home) on farm, in industrial place, in public place?

While at work? No (Specify type of place) _____
Means of injury Gunshot

23. Signature A. E. Washer (M. D. or D. O.)
Address 2800 Main Date 5/27/46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Hammond, Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.